Volunteer Ombudsman Monthly Report

Please! Fill out and return by the 10th day after the close of each month. This report is a very important legal document. Thank you.

Your Name:______________________________________  Mo./yr:_______________
Phone Number:_____________________ Facility:________________________________
Email address:______________________ Ombudsman:_________________________
Your Monthly Mileage:__________________________

Have you talked with your regional Ombudsman this month? [ ] YES [ ] NO
Are there issues about which you’d like to speak with your regional Ombudsman?
[ ] YES [ ] NO  If you marked an * on back please contact your Ombudsman.

Facility Visits:

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# of people making complaints:  # of Resident Council meetings attended:  # of Family Council attended:  # New Residents  Total time:

Please highlight your experiences this month. Include topics discussed with facility staff and their response, and any repeat, chronic or prolonged issues:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Issues raised by residents/families and/or at family or resident councils:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Check every concern that you addressed this past month. Indicate a “0” next to the 
check if there are problems remaining for any issue. For any topic identified with 
an asterisk, (*) report the incident to the regional ombudsman IMMEDIATELY.

I. PHYSICAL APPEARANCE

_____ hygiene/grooming   _____ clothing/laundry   _____ appliances/aids/equipment
_____ body odors   _____ discomfort/pain*   _____ marks, bruises, bandages*
_____ falls, injuries*   _____ toileting/incontinence*   _____ restraints*
Other: (specify) __________________________________________________________

II. CARE/TREATMENT*

Any concerns voiced by a resident or family member regarding these problems, such as 
medications, therapy, bed/pressure sores, etc. should be referred immediately to the 
Regional Ombudsman.

III. RESIDENT ROOMS

_____ clean/safe*   _____ personalized/decorated   _____ climate*   _____ spacious
_____ call light   _____ furnishings/equipment   _____ accessibility   _____ closet
_____ bathrooms   _____ roommate*
Other: (specify) __________________________________________________________

IV. PRIVACY/RESPECT/STAFF INTERACTIONS

_____ knock on doors   _____ close doors/pull curtains   _____ staff interaction/residents
_____ staff ID   _____ staff responsiveness   _____ confidentiality   _____ abuse*
Other: (specify) __________________________________________________________

V. FOOD

_____ meal quality   _____ food temp   _____ menu posted   _____ meal timeliness
_____ food choices   _____ snacks available   _____ hunger/thirst*   _____ meal setting
Other: (specify) __________________________________________________________

VI. FACILITY

_____ hazards*   _____ clutter   _____ clean   _____ odor   _____ temp*   _____ noise
_____ decoration   _____ furniture   _____ visitors/limitations*   _____ phone available
_____ activities posted   _____ activities held/attended   _____ survey report available
_____ resident/family council notices posted*   _____ Ombudsman poster posted*
Other: (specify) __________________________________________________________

VII. ADMINISTRATIVE

_____ admissions*   _____ discharges*   _____ closures*   _____ room changes*
_____ inadequate staffing*   _____ fees/charges*
Other: (specify) __________________________________________________________

(3/05)